

Name
in
Full

Mary Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Poole Town Harford County

Date of death 1909 Jan. Month 10 Day 63 Year 63 Months Days

Sex Female Color or Race White Birth-place Harford Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Wm Adams.

Father's Name Wm Hopkins. Father's Birthplace Maryland.

Mother's Maiden Name Martha Price Mother's Birthplace Maryland.

Name of person giving information Wm Adams How related to deceased Husband.

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

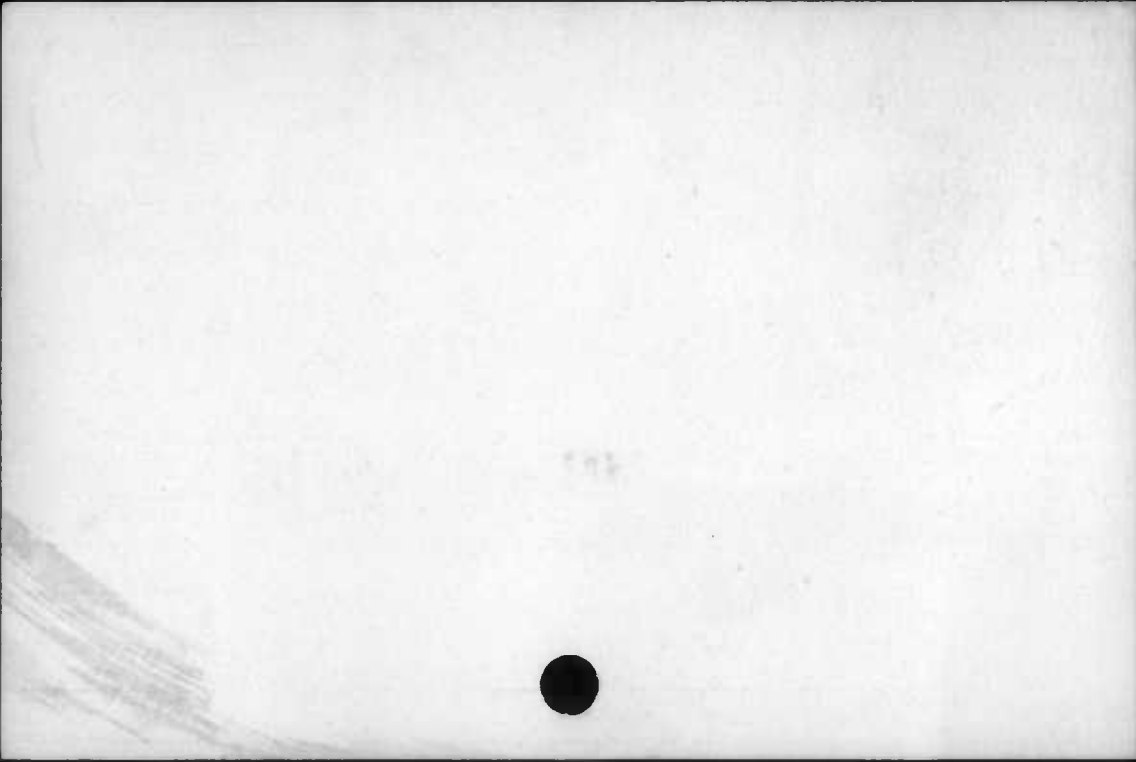
Age, name, age, sex, color, date
Place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

J. H. Tobias,
Barlington, Md.



Name
in
Full

CERTIFICATE OF DEATH

Charles Dicksey Bratty

Town

County

Died at

Brunson

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1909 January*

15

Age

0

2

0

Sex

Male

Color or
Race

White

Birth-
place

Brunson

Occupation

0

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Name of Wife or
Husband

0

Father's
Name

Harry J. Bratty

Father's
Birthplace

Balto. City

Mother's
Maiden Name

Saranna Wallin

Mother's
Birthplace

Balto. City

Name of person giving
In formation

Harry J. Bratty

How related
to deceased

father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days

Immediate

Convulsion

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles Bagley M.D.

Address

Bagley; Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mt. Carmel

Jan. 16/09

H. Sander & Son

Benson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Bissell Jr

Town Bel Air

County Harford

MARYLAND

Died at Date of death 1909

Month 4 Day 31

Age 29

Sex Male

Color or Race White

Birth-place Ind.

Occupation Clerk

Where Residing if not at place of death Bel Air Ind.

Married, Single

Name of Wife or Husband

Father's Name Benjamin Bissell

Father's Birthplace Ind.

Mother's Maiden Name Bessie Henshaw

Mother's Birthplace New York

Name of person giving information Benjamin Bissell

How related to deceased Father

CAUSES OF DEATH

27

Primary

How long

Immediate Tuberculosis

How long 5 mos.

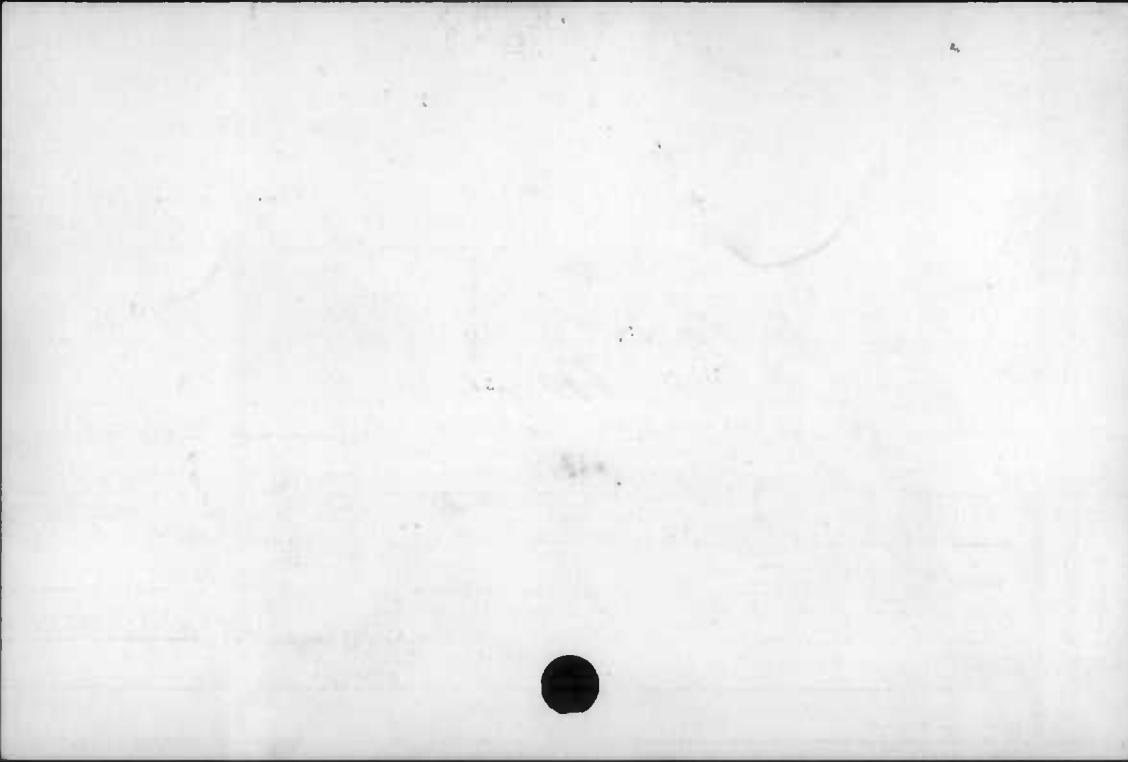
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. Chas. Richardson

Address Bel Air

Accident or Suicide?

Ind.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

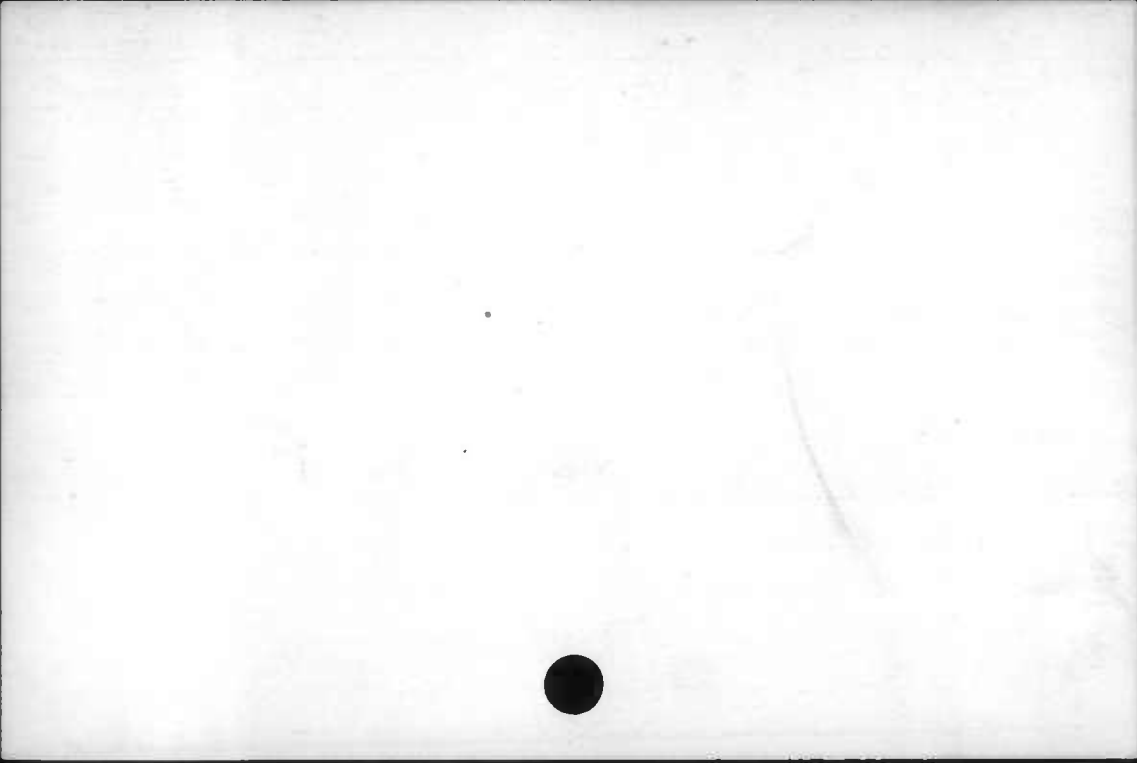
Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1909	Month	Jan.	Day	28	Age	—
Sex	Male	Color or Race	White	Birth-place	Harre de Grace	Months	Days
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			None		
Father's Name	Steve Bratanovic			Father's Birthplace			
Mother's Maiden Name	Milka Repcovic			Mother's Birthplace			
Name of person giving Information	Steve Bratanovic			How related to deceased			
				Father			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Cap. Bronchitis</i>	How long	<i>1 wk.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Harford, Md.</i>	
Accident or Suicide			



Name
in
Full

Henry C. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Harde de Grace ^{County} HarfordDate of death 1907 ^{Month} Jan ^{Day} 18 ^{Years} Age 64 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Harde de GraceOccupation Engineer ^{Where Residing if not at place of death} SameMarried, Single or Widowed Married ^{Name of Wife or husband} Phoebe ReedFather's Name John Brown ^{Father's Birthplace} Va.Mother's Maiden Name unknown ^{Mother's Birthplace} unknownName of person giving information Phoebe Brown ^{How related to deceased} wife.

CAUSES OF DEATH

93

Primary Pneumonia ^{How long} 1 weekImmediate Heart and Kidney Comp. ^{How long} 3 or 4 days

Are the name, age, sex, color, date and place correctly given above?

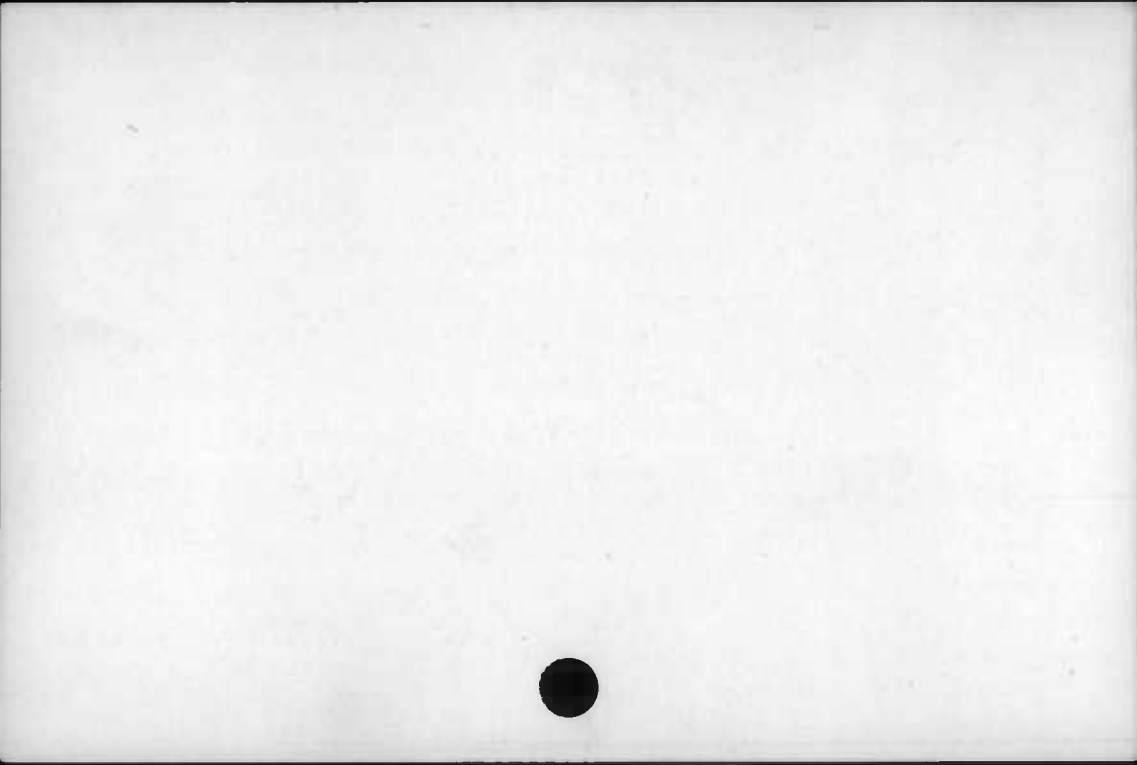
Signature of Physician J. L. Hopkin

Address

Harde de Grace Md

Accident or Suicide?

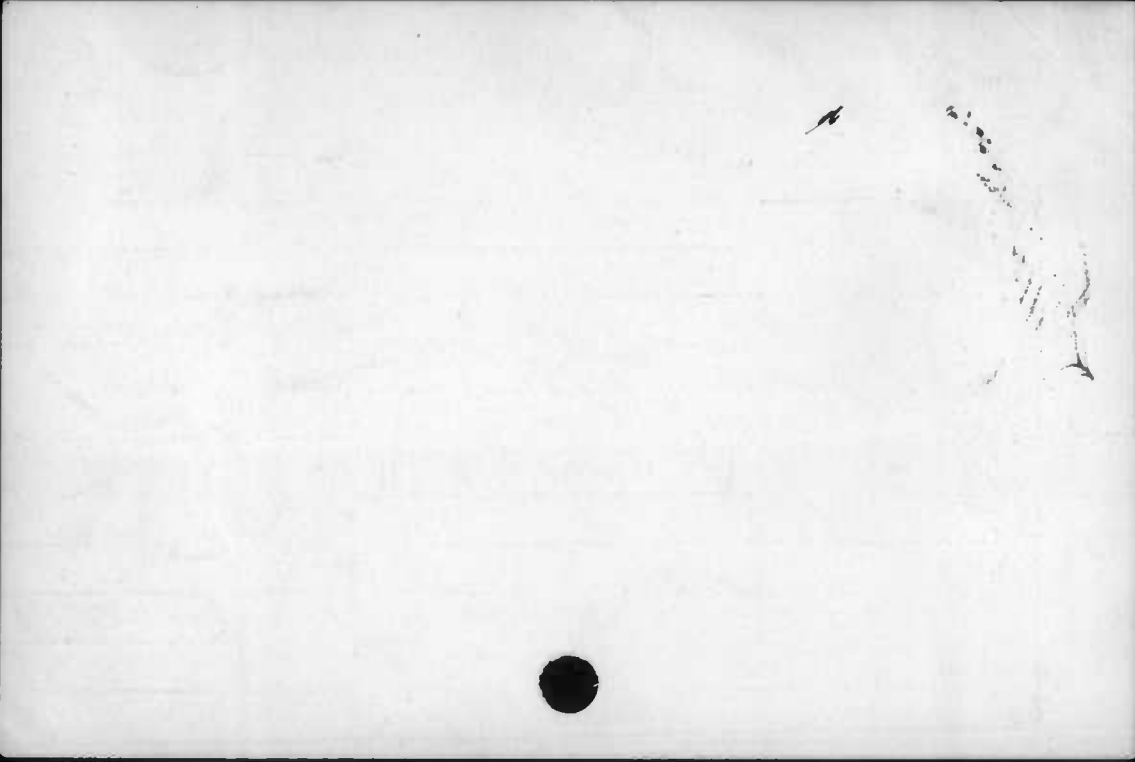
PHYSICIAN
OR CORONER



Name in Full Wm. T. Clark		CERTIFICATE OF DEATH	
Died near Forest Hill		County Harford	
Town		MARYLAND	
Date of death 1908	Month Jan	Day 31	Age 70
Sex Male		Color or Race White	Birth-place Harford Co.
Occupation Surveyor		Where Residing if not at place of death Near Forest Hill	
Married, Single		Name of Wife or Husband Margarette Clark	
Father's Name Barnett, J. Clark		Father's Birthplace Harford Co.	
Mother's Maiden Name Elizabeth Rigdon		Mother's Birthplace Harford Co.	
Name of person giving information W. T. Clark		How related to deceased Son	
CAUSES OF DEATH			
Primary Right Hemiplegia		How long 9 days	
Immediate Exhaustion		How long 3 "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Samuel D. Spink	
		Address Bel Air	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Walton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

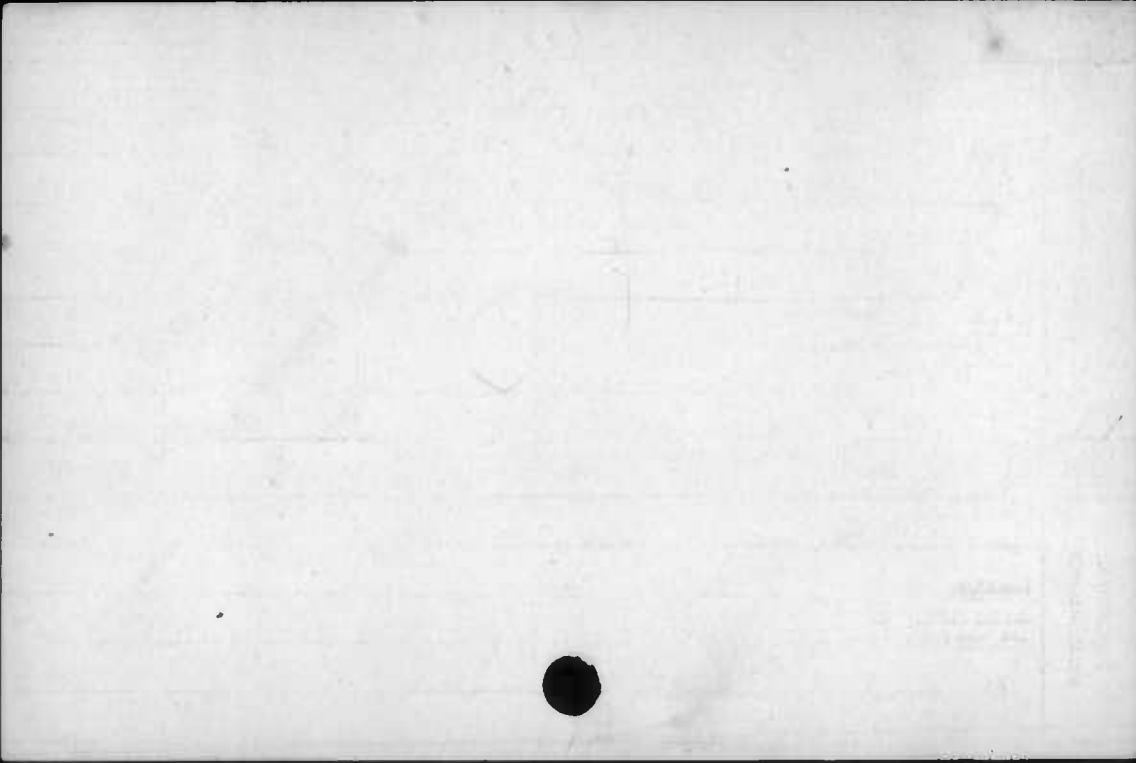
Died at ^{Town} Belcamp		^{County} Harford		MARYLAND	
Date of death	1909	Month	1	Day	4
Sex Female		Color or Race White		Years	5
Occupation		Where Residing if not at place of death		Months	
		Belcamp		Days	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		J. Frank Walton		Father's Birthplace	Maryland
Mother's Maiden Name		Rosa Gillrass		Mother's Birthplace	" "
Name of person giving information		Rosa Walton		How related to deceased	Mother

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Byrne C. Curran	
Address		Sewell, Md.	
Accident or Suicide?			



Name
in
Full

Mallie Knight Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

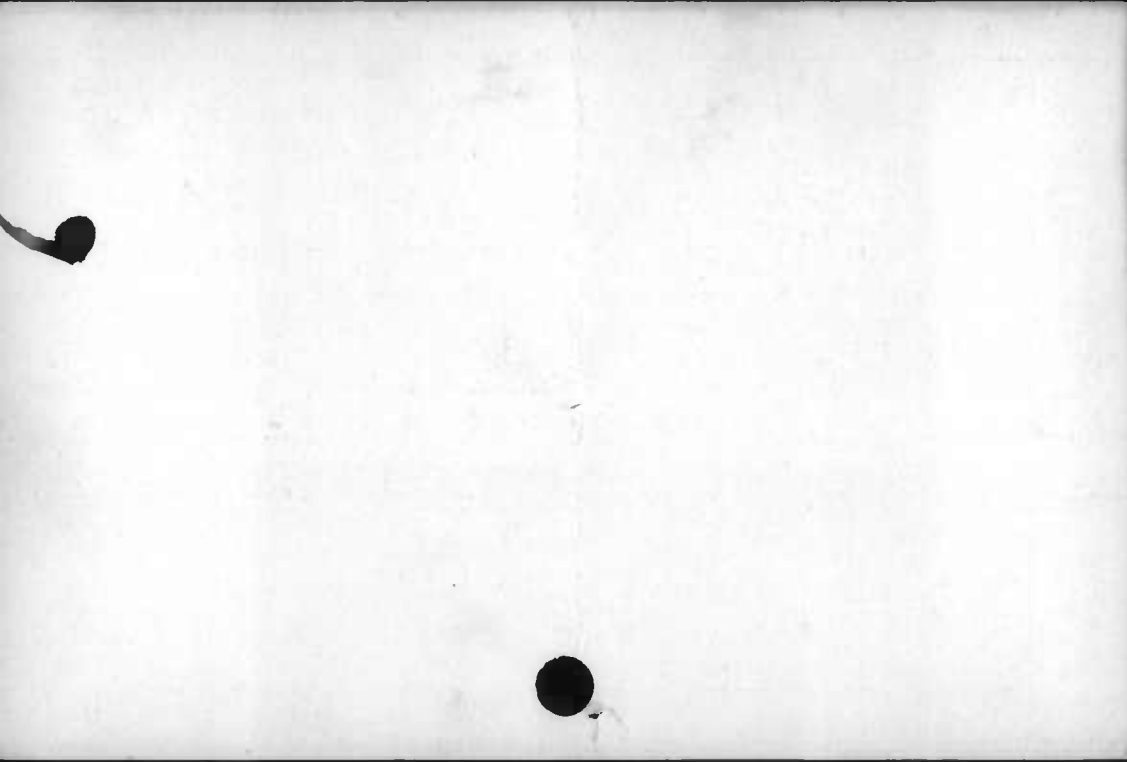
Died at <i>Pylesville.</i>		Town <i>md.</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan.</i>	Day <i>4</i>	Age <i>23</i>	Months <i>11</i>	Days <i>5</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pylesville - Md</i>				
Occupation <i>Farmer's wife</i>			Where Residing if not at place of death <i>Pylesville - Md</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mike E. J. Davis</i>					
Father's Name <i>John Knight</i>				Father's Birthplace <i>Pylesville - Md</i>			
Mother's Maiden Name <i>Jennie Bull</i>				Mother's Birthplace <i>Pava - Md.</i>			
Name of person giving information <i>Mike E. J. Davis</i>				How related to deceased <i>Husband -</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Chronic Pulmonary Tuberculosis</i>	How long <i>Years - (5?)</i>
Immediate <i>Catarrhal Uteritis - Extensive Jaundice - Heart Failure</i>	How long <i>Twenty Days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Swiney, M.D.</i>
	Address <i>New Park, Pa.</i>
Accident or Suicide?	



Name
in
Full

Mary Harsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

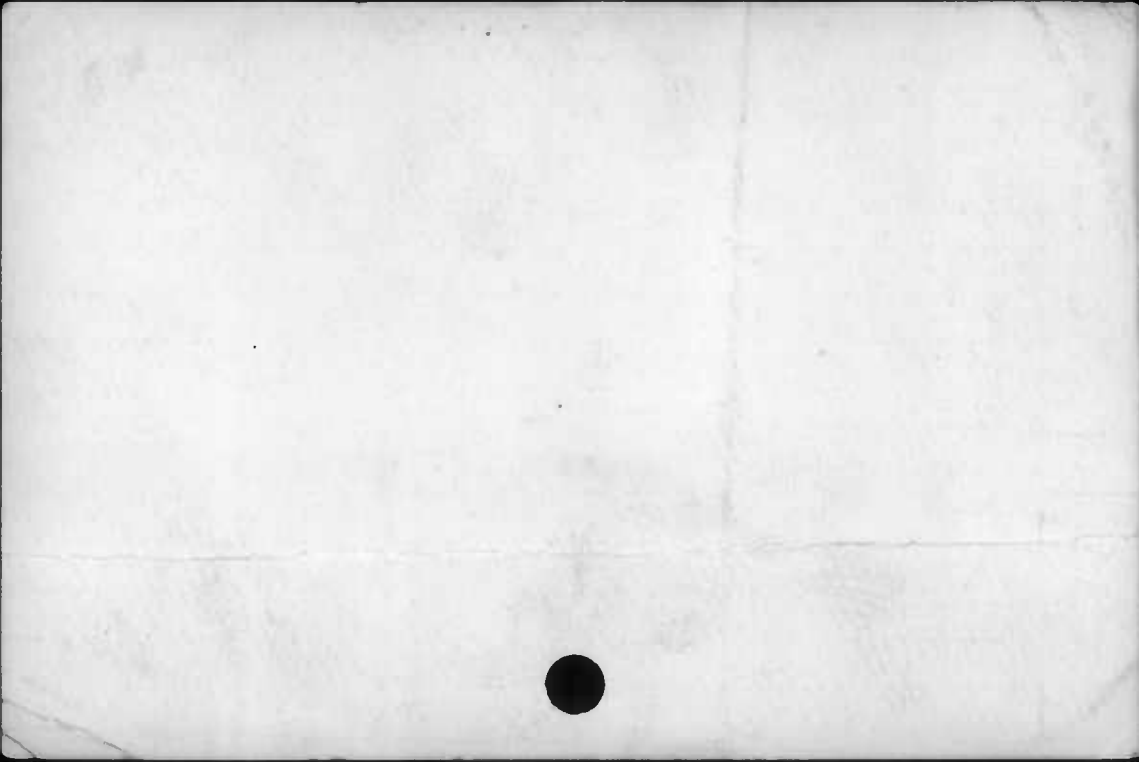
Died at ^{Town} <i>near Aberdeen</i> ^{County} <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>8</i>	Age <i>44</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Va</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>House work</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. Harsey</i>		
Father's Name <i>Geo. Gibson</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Elizabeth Mitchell</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Geo. Harsey</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>about half hour</i>
Immediate <i>Heart failure</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. White</i>
	Address <i>Aberdeen</i>
Accident or Suicide? <i>—</i>	<i>Geo</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

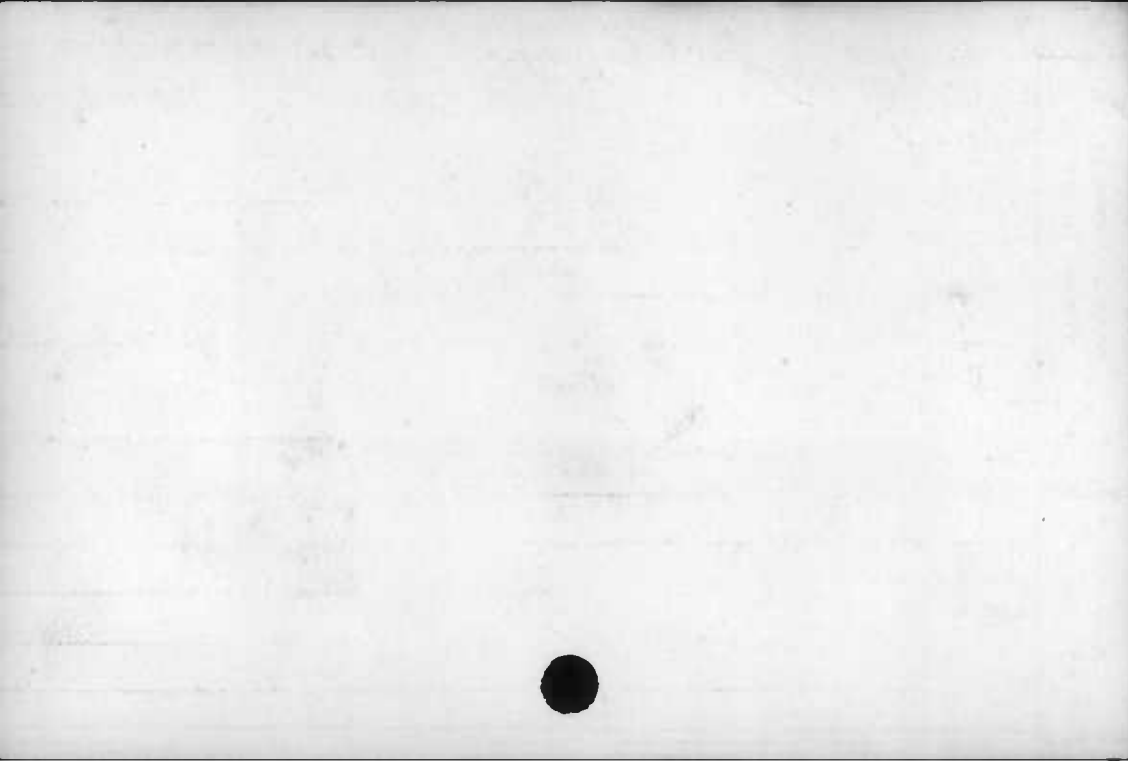
Name in Full Thomas E. Duff				County Harford				MAYLAND			
Died at Bel Air				Month 1				Day 7			
Date of death 1909				Age 2				Years 14			
Sex Male				Color or Race White				Birth-place Ind.			
Occupation —				Where Residing if not at place of death Bel Air Ind.							
Married Single or Widowed Single				Name of Wife or Husband —							
Father's Name Edward W. Duff				Father's Birthplace Ind.							
Mother's Maiden Name Oliver R. Hall				Mother's Birthplace Ind.							
Name of person giving information Edward W. Duff				How related to deceased Father							

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary Asphyxia -		How long —
Immediate Smothered in bed with mother		How long —
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician A. F. Vant Sibold
		Address Bel Air, Md.
Accident —		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Hampford</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	24
Age	24	Years	24	Months	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Farmer		Where Residing if not at place of death <i>Bel Air Md.</i>		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Dorcas Hannah Gorman</i>		
Father's Name	<i>Michael Gorman</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Whorona Mantley</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Charles Gorman</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Severe debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Lee Hughes</i>
	Address <i>Bel Air, Md.</i>
Accident or Suicide?	

Rock Spring

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gertrude Grinnage* Died at *Hightimber* ^{Town} *Harford* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *1* ^{Day} *3* Age ^{Years} *6* ^{Months} *6* ^{Days}

Sex *Female* Color or Race *Black* Birth-place *Baltimore*

Occupation *—* Where Residing if not at place of death *Hightimber*

Married, Single or Widowed *—* Name of Wife or Husband *Lucy Grinnage*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Grinnage* Mother's Birthplace *Harford Co*

Name of person giving information *Emily Grinnage* How related to deceased *Niece*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary *Spasms* How long *6 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Coroner*
Shedden
Jacob P Osborn

Address

Accident or Suicide?



Name
in
Full

Grant Leo. Haller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Scoboria ^{Town} Honfud ^{County} **MARYLAND**

Date of death 1909 Jan ^{Month} 11 ^{Day} Age 21 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Md.

Occupation Clerk. Where Residing if not at place of dath Balto md.

Married, Single
~~or Widowed~~

Name of Wife or
Husband

Father's Name Grant L. Haller.

Father's Birthplace Md.

Mother's Maiden Name Mary E. Schreck

Mother's Birthplace Md.

Name of person giving Information Mrs A. M. Carr.

How related to deceased Aunt-

CAUSES OF DEATH

27

Primary

Tuberculosis of lungs

How long

about 1 Year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ephie Hopkins
Darlington
M'd

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charles Hartman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hickory ^{County} Harford MARYLAND

Date of death 1909 ^{Month} Jan ^{Day} 20 Age ^{Years} 26 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Ind.

Occupation Paper Hanger Where Residing if not at place of death Hickory

Married, Single ~~Married~~ Name of Wife or Husband Katie Miller

Father's Name Frank Hartman Father's Birthplace Germany

Mother's Maiden Name Susan Kenly Mother's Birthplace Ind.

Name of person giving information George J. Hartman How related to deceased Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 8 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Chas. Richardson
Bellaire Ind.

Accident or Suicide?

Mount Labor

Name
in
Full

Christopher Starkent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Maq nba ^{County} Harford **MARYLAND**Date of death 1909 ^{Month} Jan ^{Day} 3 Age ^{Years} 56 ^{Months} — ^{Days} —Sex Male Color or Race white Birthplace Bell CityOccupation Farmer Where Residing if not at place of death —Married, Single or Widowed Married Name of Wife or Husband Mary E GlassFather's Name Nicholas Starkent Father's Birthplace GermanyMother's Maiden Name ~~unknown~~ Mother's Birthplace unknownName of person giving Information Mrs Harry Myers How related to deceased Sister

CAUSES OF DEATH

Primary Arterio-sclerosis ^{How long} unknownImmediate Cerebral hemorrhage ^{How long} 10 daysAre the name, age, sex, color, date and place correctly given above? yes

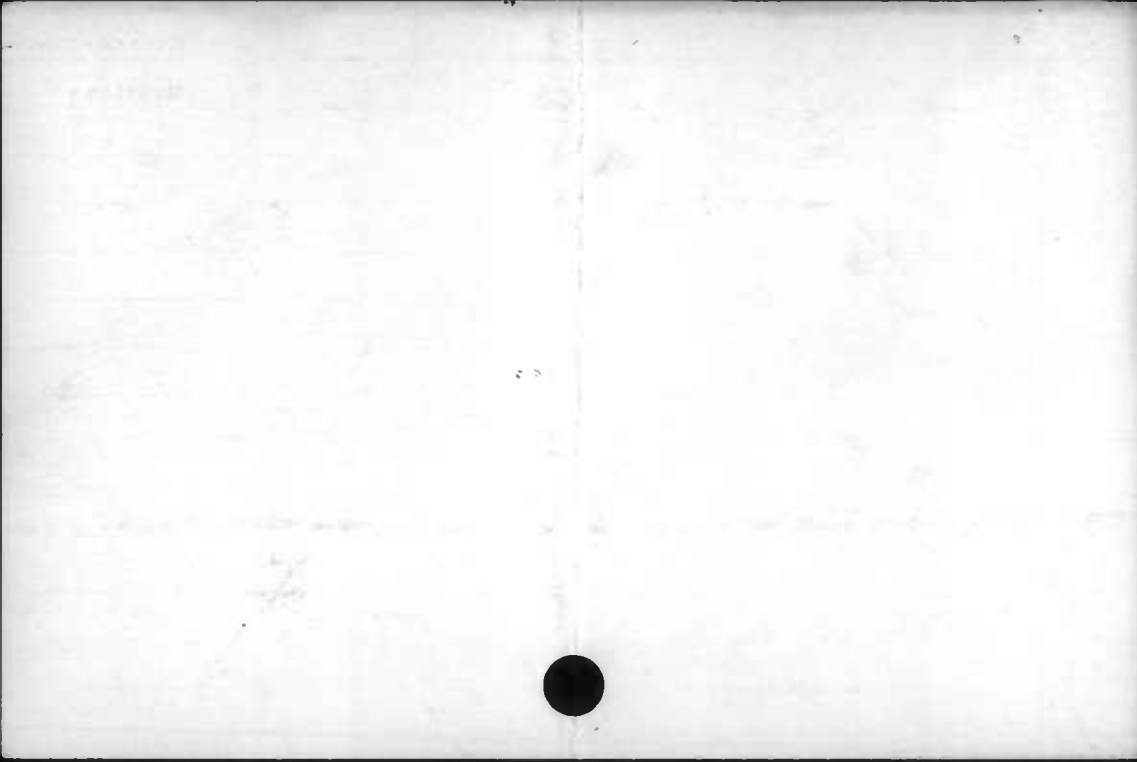
Signature of Physician

Address

Charles Root
Edgewood Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full *Aguilla Hill*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

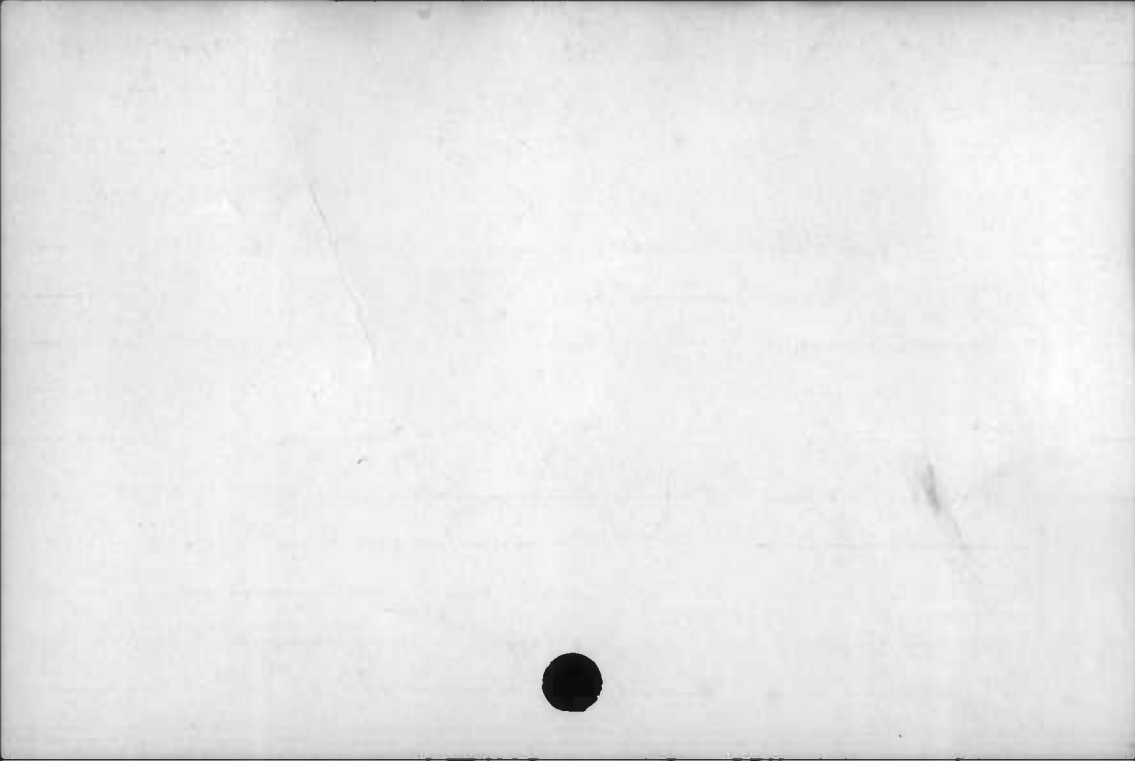
Died at <i>Havre de Grace</i> <small>Town</small>		<i>Hanford</i> <small>County</small>	
Date of death <i>1909</i>	<i>Jan</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>69</i> <small>Years</small>
Sex <i>Male</i>		Color or Race <i>Colored</i>	Birth-place <i>Havre de Grace</i>
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>James Hill</i>	Father's Birthplace <i>Wid</i>		
Mother's Maiden Name <i>Wilkie Aikens</i>	Mother's Birthplace <i>Wid</i>		
Name of person giving information <i>James Hill</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>Insane</i>	How long <i>1 1/2 years</i>
Immediate <i>Paralysis</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J L Hopkins</i>
	Address <i>Havre de Grace</i>
	<i>Wid</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Whiteford</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>12</u>	Age <u>57</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Harford Md</u>		
Occupation <u>Plate worker</u>	Where Residing if not at place of death <u>Whiteford</u>				
<u>Married</u> , Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Thomas H. Hughes</u>	Father's Birthplace <u>N. Carolina</u>		Mother's Birthplace <u>S. Carolina</u>		
Mother's Maiden Name <u>Elizabeth Morgan</u>	How related to deceased <u>Brother</u>		166		
Name of person giving information <u>Thomas H. Hughes</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accident. Stroke caused</u>	How long <u>at once</u>
Immediate <u>from falling of a stone</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. H. E. Arthur</u>
	Address <u>Cardiff Md</u>
Accident or Suicide <u>Accident</u>	



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth J. Jarvis

Died at *Street* Town *H. County* *MARYLAND*Date of death 1909 Month *Jan* Day *8* Age *67* Years Months *6* DaysSex *Female* Color or Race *White* Birth-place *Ind.*Occupation *Housekeeper* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Wm Jarvis*Father's Name *Geo. Lee* Father's Birthplace *Not Known*Mother's Maiden Name *L. Thomas* Mother's Birthplace *" "*Name of person giving Information *Mrs. Allen* How related to deceased *Daughter*

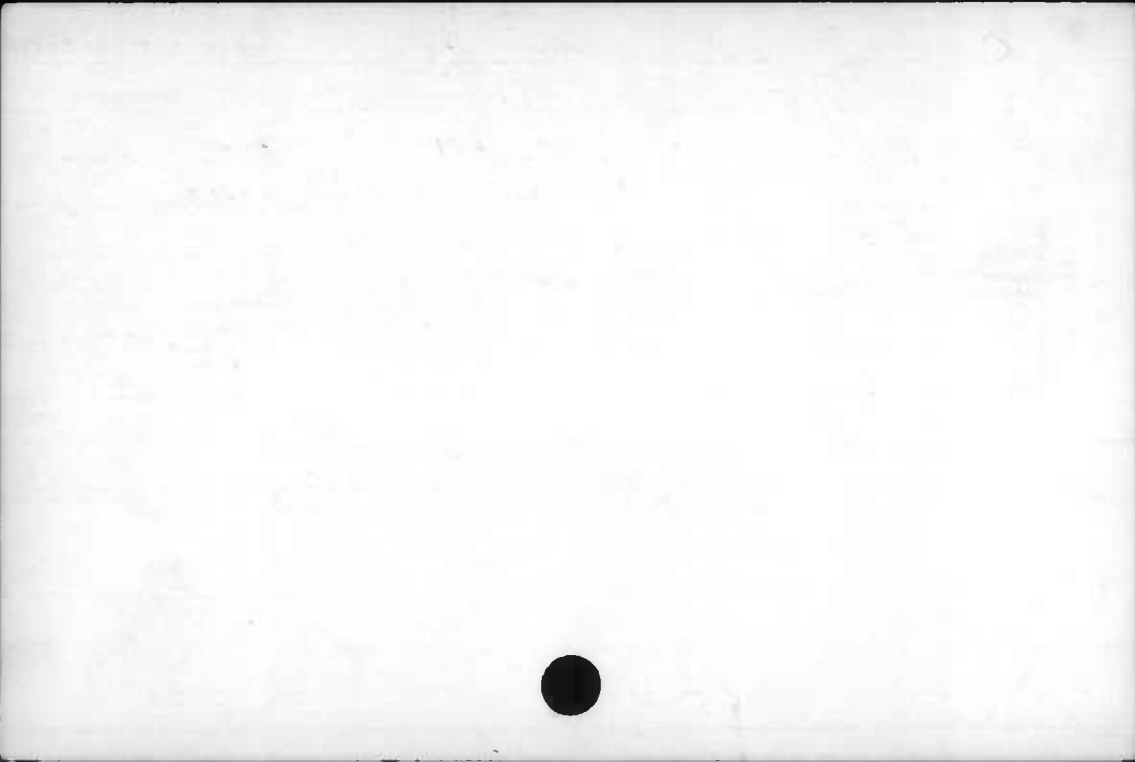
CAUSES OF DEATH

Primary *Sudden death. c. v. f.* *Heart Failure* How long *at once*Immediate *" "* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. W. E. Arthur*Address *bandy m*Accident or Suicide *m*

178



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

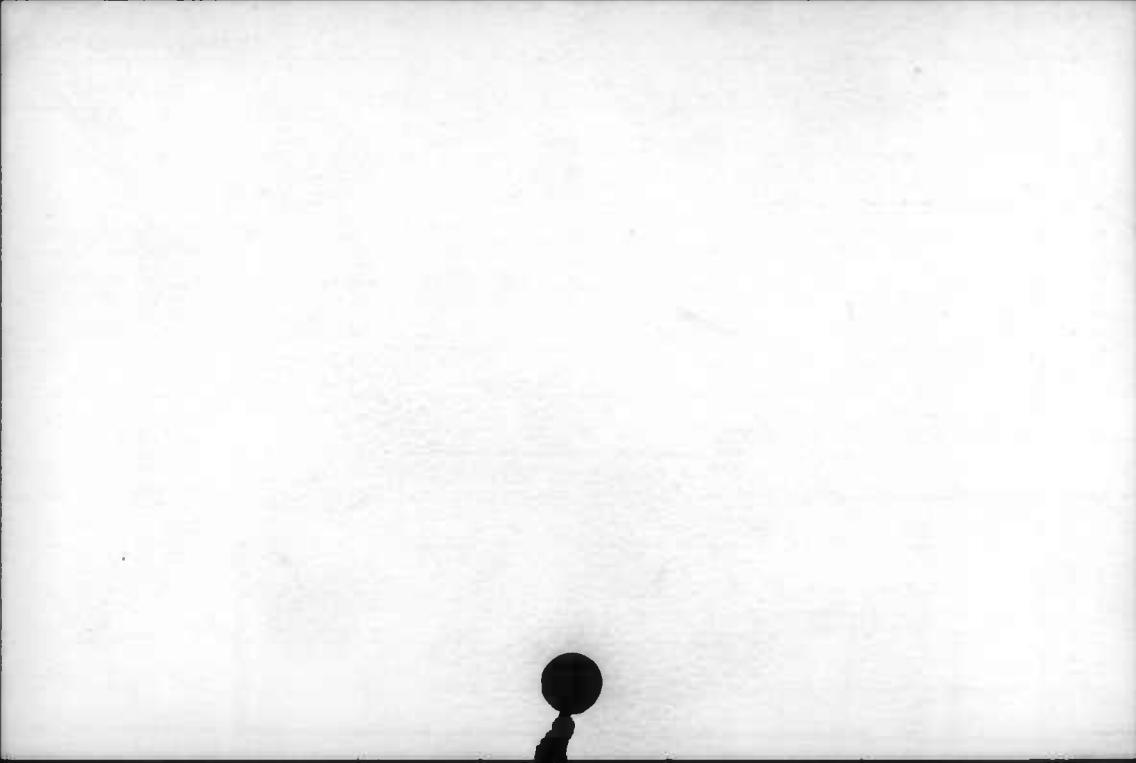
Died at <u>Harrodsdelwa</u>		Town <u>Harford</u>		County		MARYLAND	
Date of death	1909	Month	Jan	Day	29	Age	54
Sex	Male		Color or Race	White		Birth-place	Harrodsdelwa
Occupation	Labor		Where Residing if not at place of death		" " "		
Married, Single or Widowed	Married		Name of Wife or Husband	Katie Wilson Johnson			
Father's Name	John L. Johnson				Father's Birthplace	Unknown	
Mother's Maiden Name	Mary Cameron				Mother's Birthplace	Unknown	
Name of person giving Information	George Johnson				How related to deceased	Brother	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	accidentally, struck by ^{P.M.} Rail Road train		How long	Instant
Immediate	Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Michael J. Foley (Coroner)
			Address	Harrodsdelwa
Accident or Suicide	Accident			Med



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near* *Darlington* *Harford* *MARYLAND*

Date of death 1909 *1* *10* Age *7*

Sex *Male* Color or Race *Blk* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~ *Single* Name of Wife or Husband *—*

Father's Name *Illegitimate* Father's Birthplace *—*

Mother's Maiden Name *Jessie Johnston* Mother's Birthplace *Ind*

Name of person giving Information *Geo Johnston* How related to deceased *Grandfather*

CAUSES OF DEATH

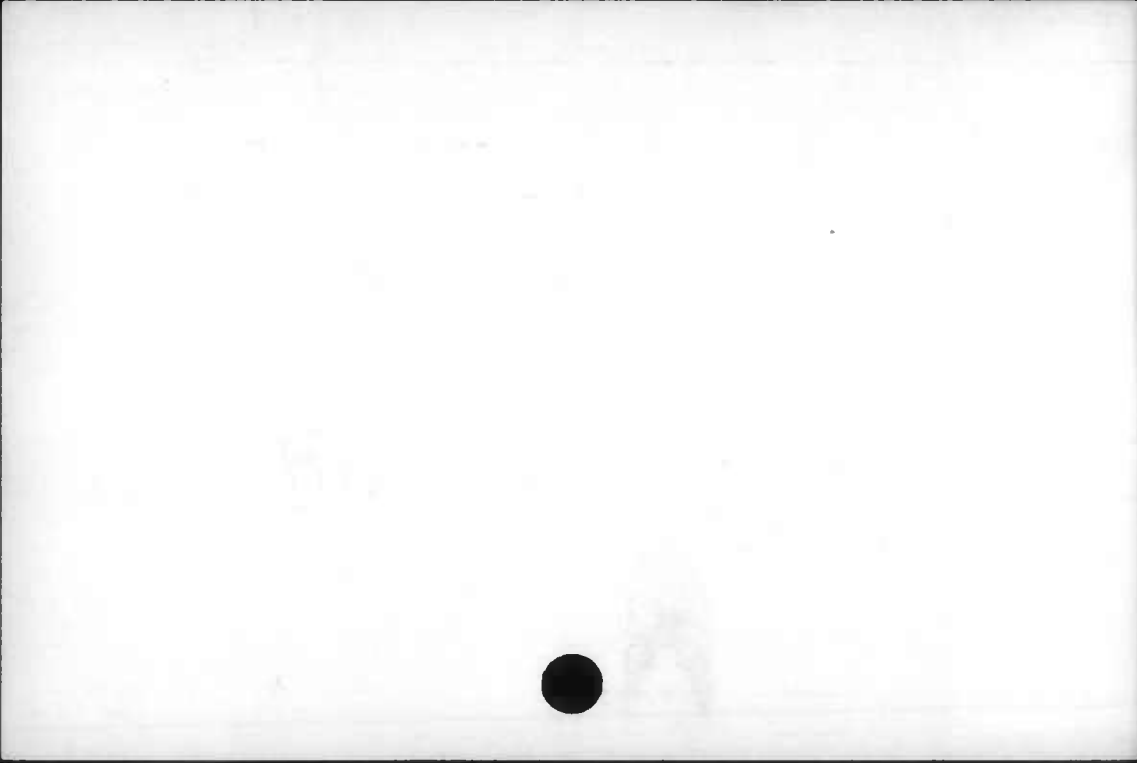
Primary *unknown* How long *179*

Immediate *unknown* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *[Signature]*

— Address *[Signature]*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James H. Kerr
Town Cooper County

County

MARYLAND

Date

of death 1909

Month 1

Day 26

Years

Age 72

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Laurens Co

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Elizabeth Kerr

Father's
Name

Hannan Kerr

Father's
Birthplace

Laurens Co

Mother's
Maiden Name

Liddie King

Mother's
Birthplace

" "

Name of person giving
Information

Bula Jones

How related
to deceased

Daughter

CAUSES OF DEATH

154

Primary

Senility

How long

7 years

Immediate

Heart Failure

How long

instant

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Richard Ramsey

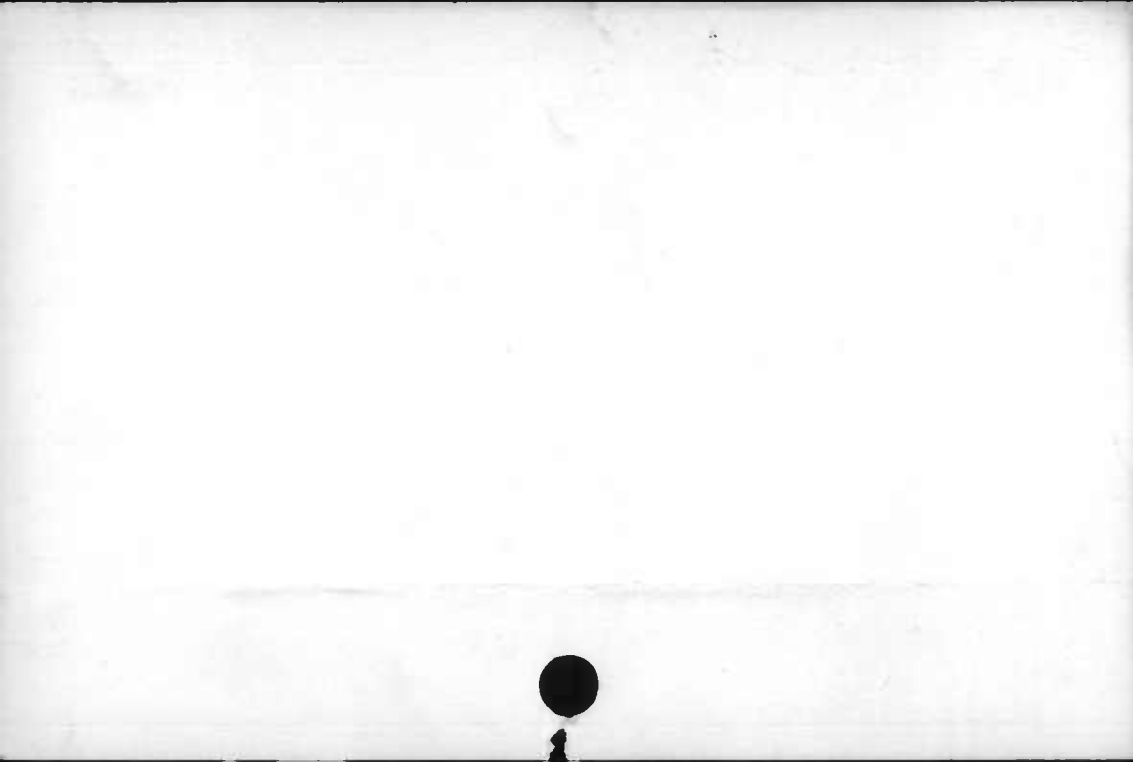
Address

Delta, York Co
Senneca

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

Michael Fagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Belair* TownCounty *Harford*Date of death *1909 Jan*Day *27*Age *49* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Harford Co.,*

Occupation

*Carpenter*Where Residing if not
at place of death*near Belair*Married, ~~Single~~
or ~~Widowed~~Name of Wife or
~~Husband~~*Jennie Fagan*Father's
Name*Andrew Fagan*Father's
Birthplace*Ireland*Mother's
Maiden Name*Annie Mc Gilligan*Mother's
Birthplace*Ireland*Name of person giving
Information*John Fagan*How related
to deceased*Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Acute Pulmonary Embolism

How long

Not known

Immediate

Intestinal Ulcer Hemorrhage

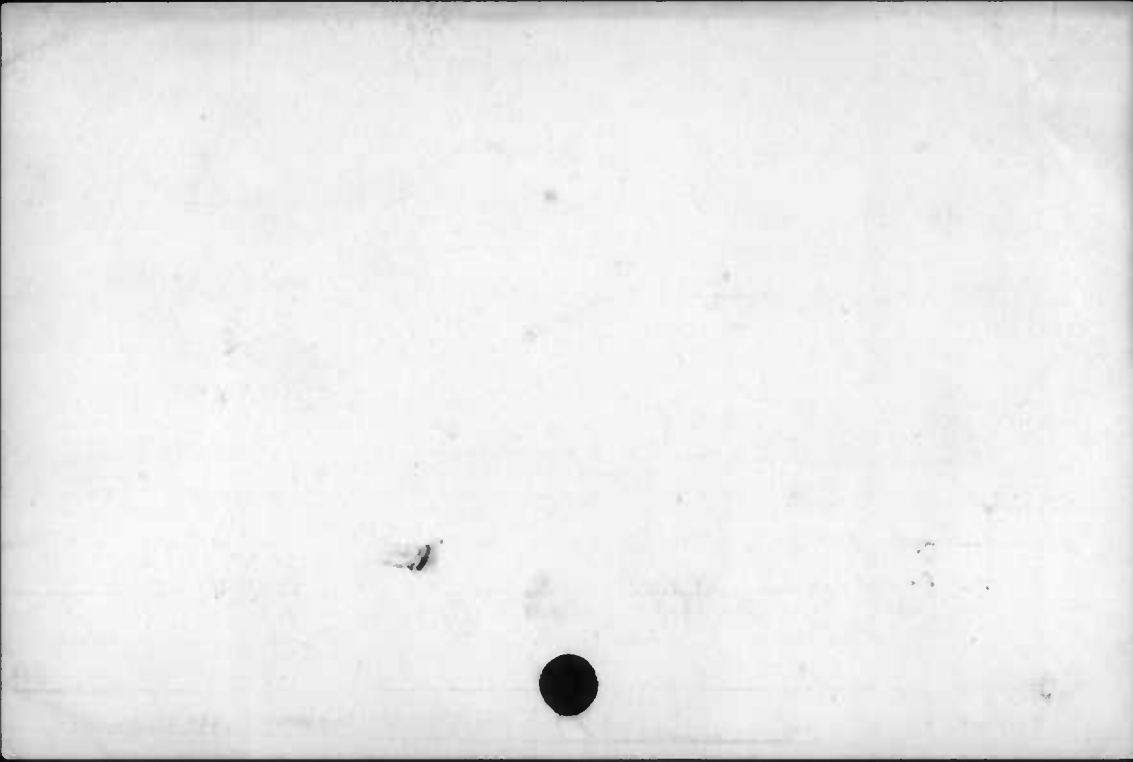
How long

*6 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Samuel D. Sapperton*

Address

Belair

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan	16	23		4	3
Sex		Color or Race		Birthplace			
Female		white		Baltimore City			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Anthony J. Perry					
Father's Name		Father's Birthplace					
Peter Schleffler		Europe					
Mother's Maiden Name		Mother's Birthplace					
Anna Koracka		Europe					
Name of person giving Information		How related to deceased					
Anthony Perry		Husband					

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	4 months
Immediate	Anemia	How long	

Are the name, age, sex, color, date and place correctly given above?

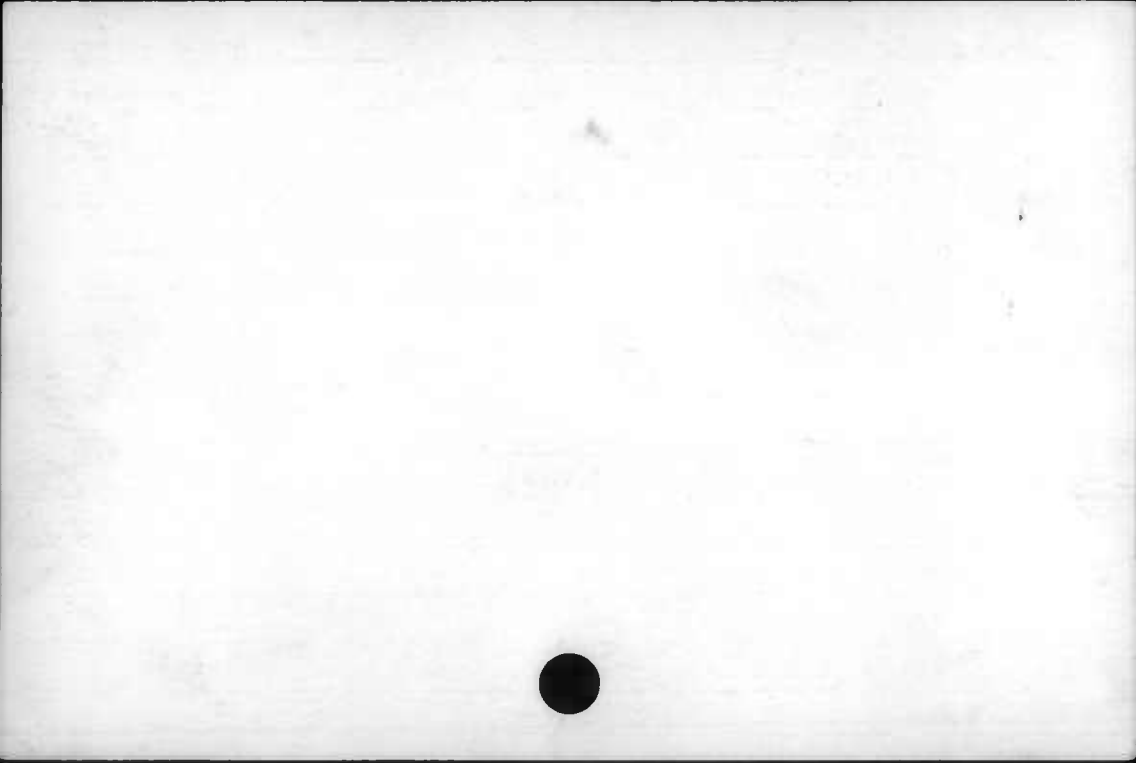
y/40

Signature of Physician

Address

Chas. R. Rost
Edgemoor Md

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Pyleville</i> Town		<i>Harford</i> County	
		Date of death <i>1909 Jan 8</i>		Age <i>72</i> Years	
		Sex <i>male</i>		Color or Race <i>white</i>	
		Occupation <i>Butcher</i>		Where Residing if not at place of death <i>Pyleville</i>	
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lizzie List</i>	
		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>	
		Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>	
		Name of person giving information <i>Jiles Smithson</i>		How related to deceased <i>Son in law</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Organic Heart disease</i>		How long	<i>About 4 years</i>
	Immediate	<i>Complicated with Bright's disease</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. H. Amours</i>		
	<i>yes</i>		Address <i>Stuart Po. Md.</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth McCommone</i>		Town <i>Aldens</i>		County <i>Harford</i>		State MARYLAND	
Died at <i>Aldens</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>85</i>	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>85</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>house wife</i>		Where Residing if not at place of death <i>Harford Co</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>B. Lewis McCommone</i>					
Father's Name <i>Amos Anderson</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Annie Gilbert</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Elizabeth Anderson</i>		How related to deceased <i>Sister law</i>					

CAUSES OF DEATH

154

Primary

old age

How long

Immediate

old age

How long

Are the name, age, sex, color, date and place correctly given above?

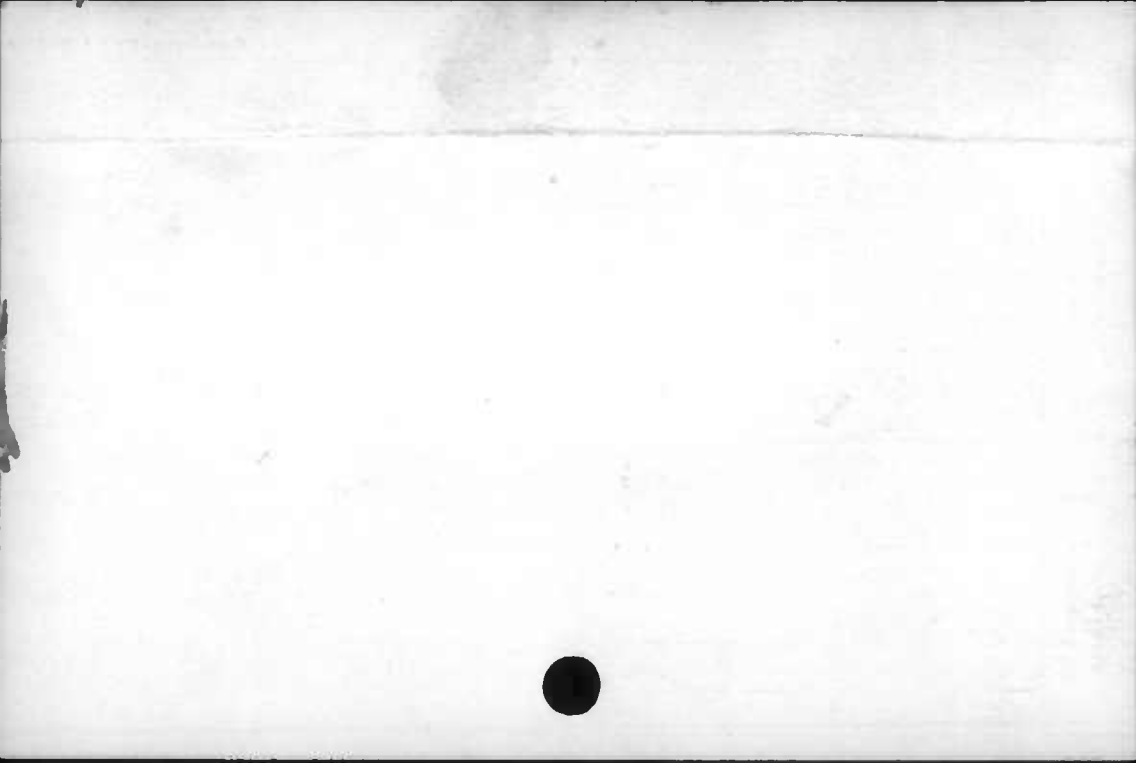
Signature of Physician

Address

J. H. Roberts M D
Churchville

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie McEwing

CERTIFICATE OF DEATH

Died at *Harre de Grace* Town*Harford* County

MARYLAND

Date
of death *1909*Month
*Jan*Day
*30*Age
68

Years

Months
*10*Days
*—*Sex
*Female*Color or
Race
*White*Birth-
place
*Virginia*Occupation
*House work*Where Residing if not
at place of death
*H. de Grace*Married, Single
or Widowed
*Widow*Name of Wife or
Husband
*Nathaniel McEwing*Father's
Name
*Unknown*Father's
Birthplace
*Unknown*Mother's
Maiden Name
*Unknown*Mother's
Birthplace
*Unknown*Name of person giving
information
*Frederick McEwing*How related
to deceased
Son

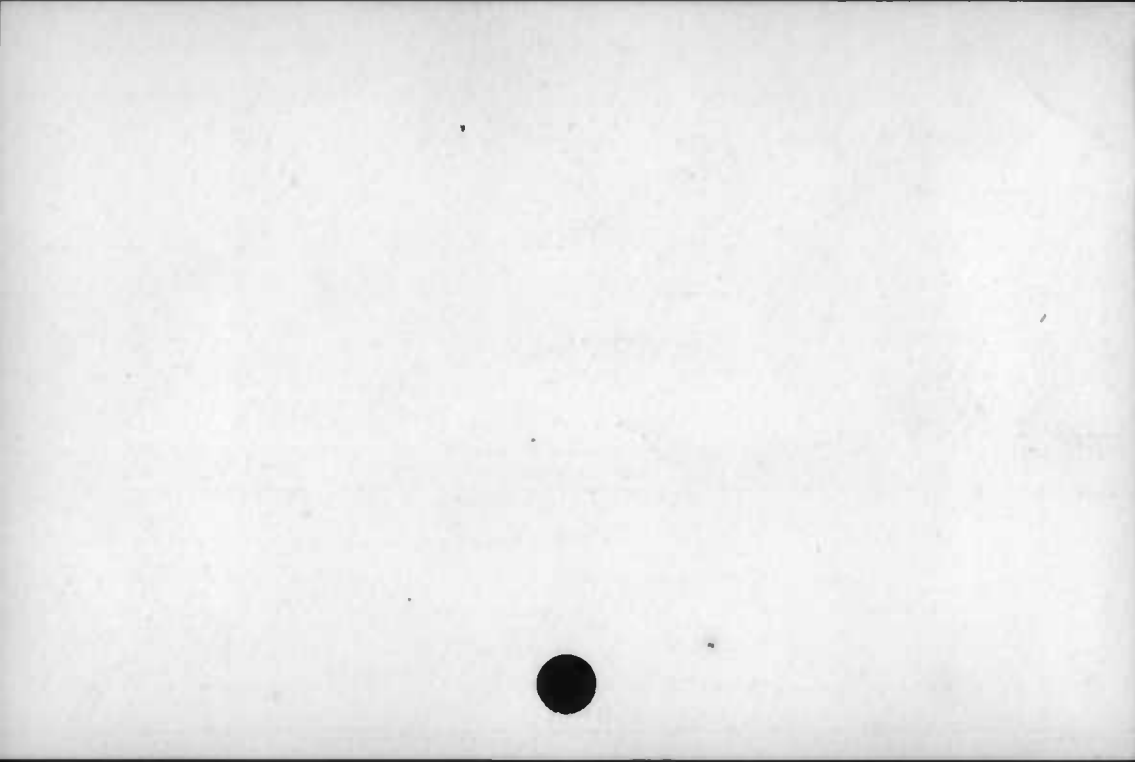
CAUSES OF DEATH

120

Primary
*Nephritis (Chronic)*How long
*Some years*Immediate
*Uremia + Pneumonia*How long
*3 Days*Are the name, age, sex, color, date
and place correctly given above?
*Yes*Signature of
Physician
*F. W. Steiner*Address
Harre de Grace Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harris de Grace</i>		Town <i>Harris de Grace</i>		County <i>C</i>		MARYLAND							
Date of death <i>1909 Jan</i>		Month <i>Jan</i>		Day <i>30</i>		Age <i>1</i>		Years <i>1</i>		Months <i>1</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Harris de Grace</i>									
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>									
Married, Single or Widowed <i>-</i>				Name of Wife or Husband									
Father's Name <i>Thos M McGonigall</i>				Father's Birthplace <i>Harris de Grace C</i>									
Mother's Maiden Name <i>Walker</i>				Mother's Birthplace									
Name of person giving information				How related to deceased <i>169</i>									

CAUSES OF DEATH

Primary <i>Burns</i>	How long <i>4 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>

Are the name, age, sex, color, date and place correctly given above?

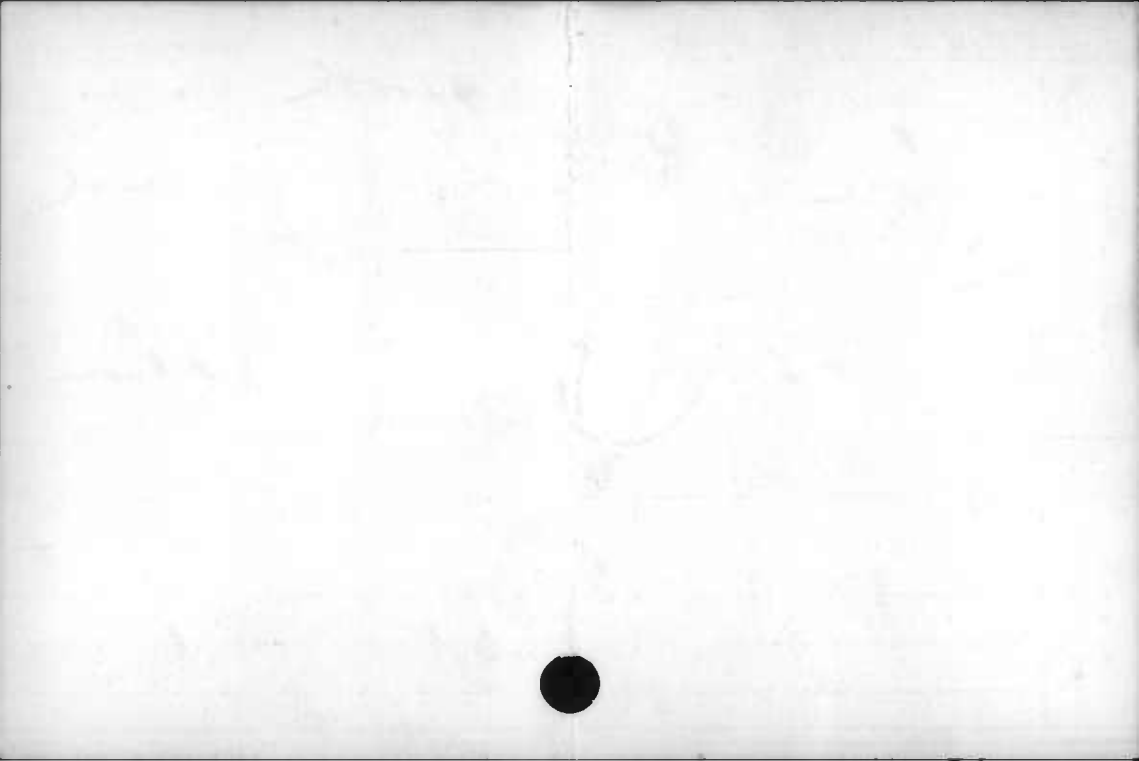
Signature of Physician

Address

Accident or Suicide?



Name in Full Evanna Rogers Maxfield		CERTIFICATE OF DEATH	
Died at Clermont Mills <small>Town</small>		Harford <small>County</small>	
Date of death 1909 Jan 26 <small>Month Day</small>		68 <small>Age</small>	
Sex Male		Color or Race Colored	
Occupation Farmer		Where Residing if not at place of death Clermont Mills	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Thomas Maxfield		Father's Birthplace Ind	
Mother's Maiden Name Mary Jane Hall		Mother's Birthplace Ind	
Name of person giving Information J. R. Street		How related to deceased Son	
CAUSES OF DEATH			
Primary Organic Heart disease		How long Sudden	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. R. Famous	
yes		Address Street Po. Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

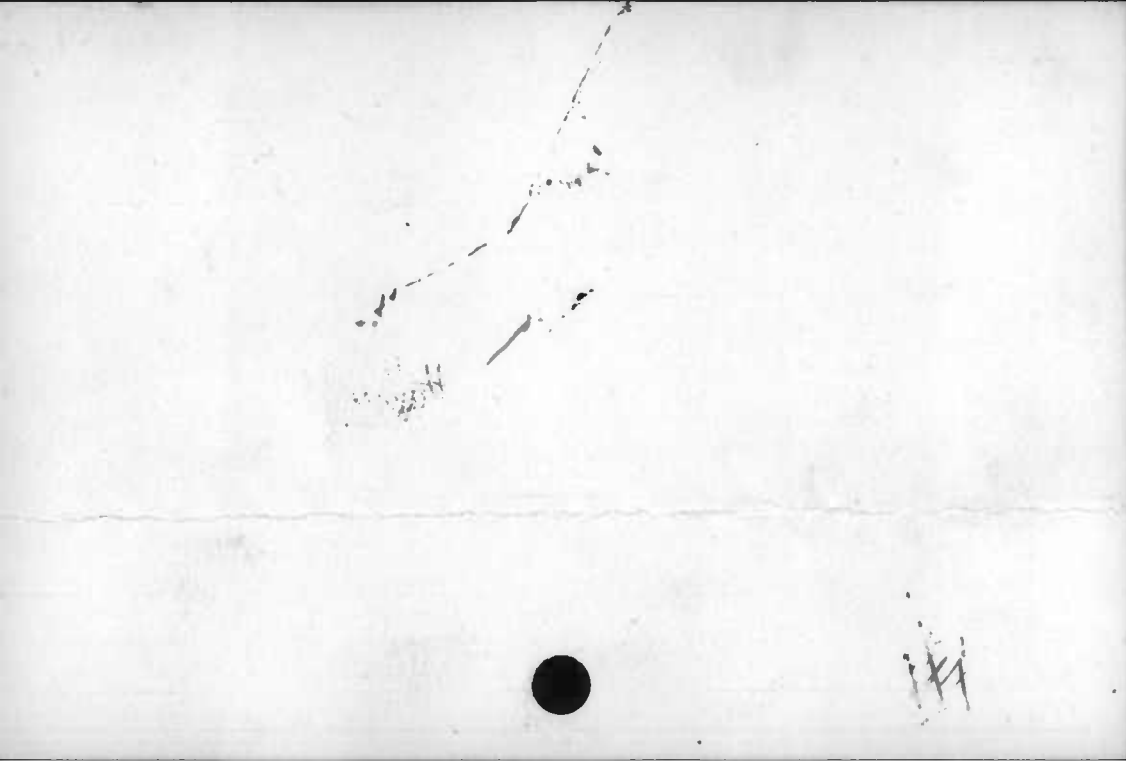
MARYLAND

Died at <i>Poppa</i> Town		County <i>Hanford</i>			
Date of death	1908	Month	1	Day	15
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>Laborer Farm</i>		Where Residing if not at place of death <i>Poppa</i>			
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>J. J. J.</i>			
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>P. J. FitzPatrick</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

27

PHYSICIAN OR CORONER <i>[Signature]</i>	Primary <i>Tuberculosis</i>	How long <i>Several years</i>
	Immediate <i>Gen. debility & Inanition</i>	How long <i>Several months</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Poppa Md</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Mary E. Pyle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Street Town Harford County MARYLAND

Date of death 1909 Month Jan. Day 15 Age 61 Years Months 10 Days

Sex Female Color or Race White Birth-place Ind

Occupation House Wife Where Residing if not at place of death Ind

Married, Single or Widowed Name of Wife or Husband W. H. Pyle

Father's Name Samuel R. Farnsworth Father's Birthplace Pa.

Mother's Maiden Name Sarah A. Jazett. Mother's Birthplace Pa.

Name of person giving Information W. H. Pyle How related to deceased Husband

CAUSES OF DEATH

66

Primary PneumoniaHow long 7 hours
How long

Immediate

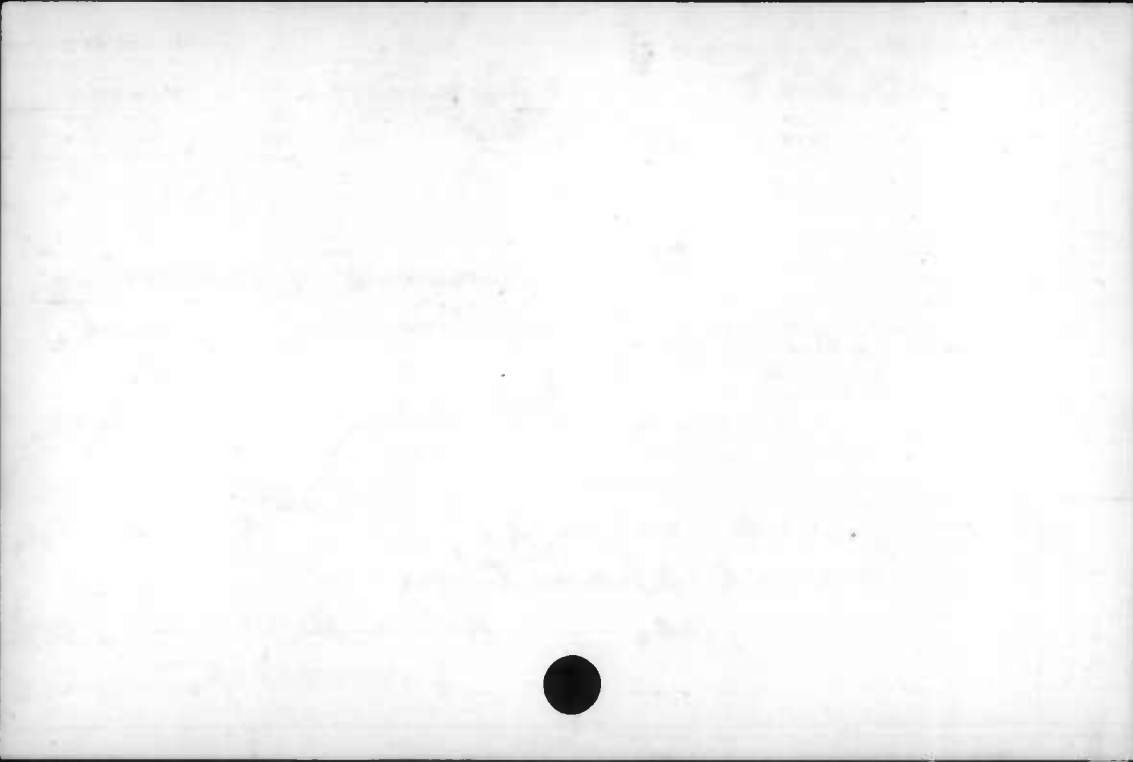
Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Laura Virginia Redding.

CERTIFICATE OF DEATH

Died at ^{Town} Street ^{County} Harford. MARYLAND

Date of death 1909 Jan. 21 Age four Months one Days

Sex Female. Color or Race White. Birth-place Street.

Occupation _____ Where Residing if not at place of death _____

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed _____ Name of Wife or Husband Thomas Redding.

Father's Name Thomas Redding Father's Birthplace Penn.

Mother's Maiden Name Ella Kerr. Mother's Birthplace Md.

Name of person giving information Thomas Redding How related to deceased father.

CAUSES OF DEATH

179

Primary Marasmus. How long 4 months.

Immediate General Exhaustion. How long _____

Are the name, age, sex, color, date and place correctly given above?

yes,

Signature of Physician

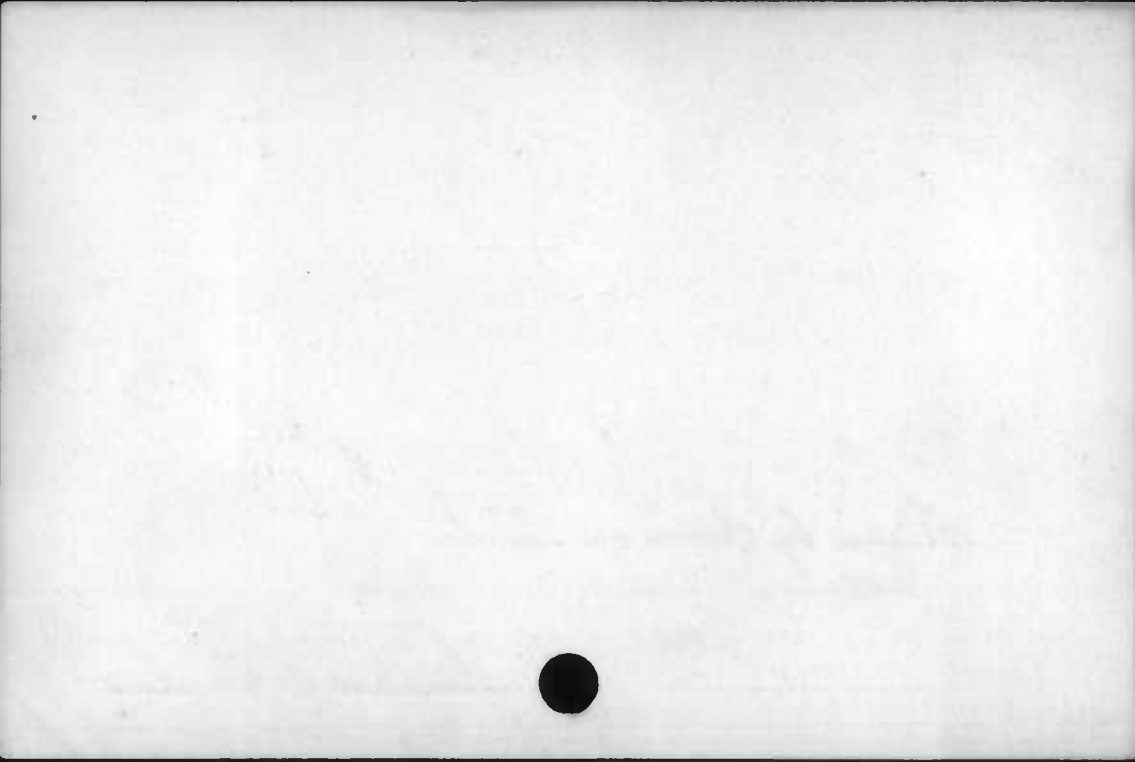
Address

H. Austin Decker, M.D.

Carroll, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Richard Thomas Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Perrymans* TownCounty *Harford*

MARYLAND

Date of death *1909* Month *1*Day *18*Age *64* YearsMonths *—*Days *—*Sex *Male*Color or Race *white*Birth-place *Charles County*Occupation *Track Walker*Where Residing if not at place of death *Perrymans*Married, Single or Widowed *married*Name of Wife or Husband *Sarah M Simpson*Father's Name *Frank Simpson*Father's Birthplace *Charles County*Mother's Maiden Name *Simpson*Mother's Birthplace *Charles County*Name of person giving information *Sarah M Simpson*How related to deceased *Wife*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONERPrimary *Killed by horse on Phila*

How long

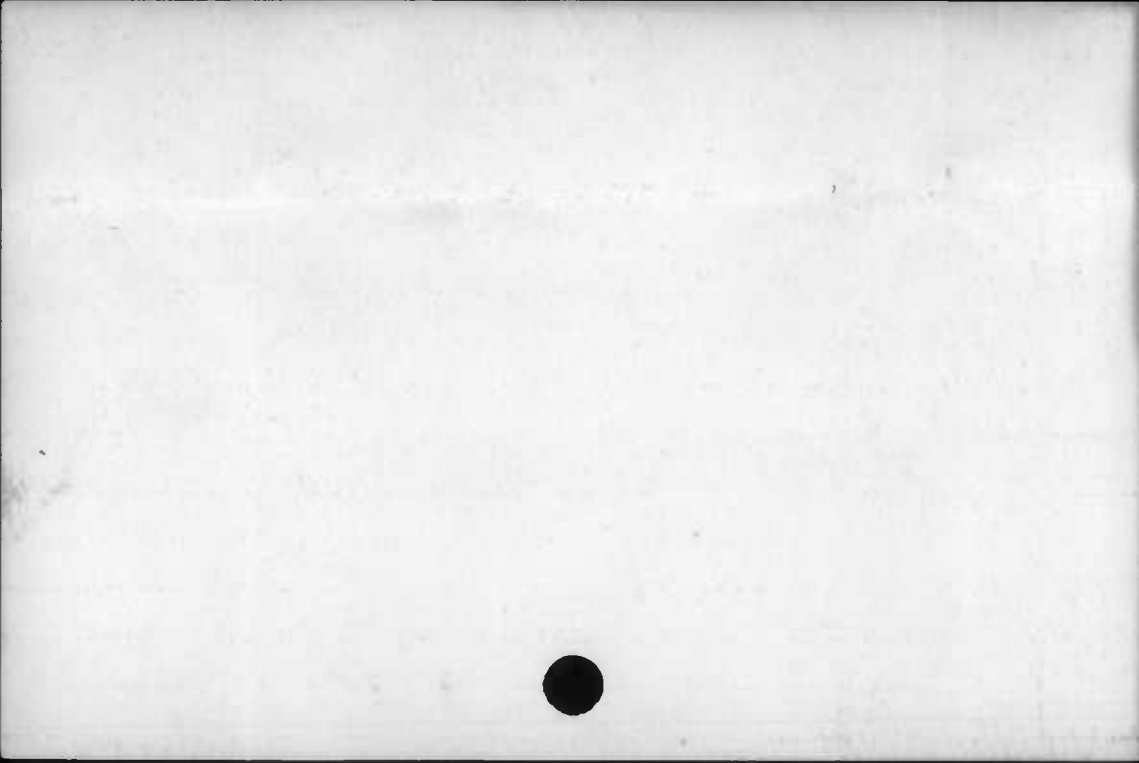
Immediate *Baltimore & Washington R Road*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address *Richard M Taylor*Accident or Suicide? *Accident**Acting Coroner*



Name
in
Full

Isabelle Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

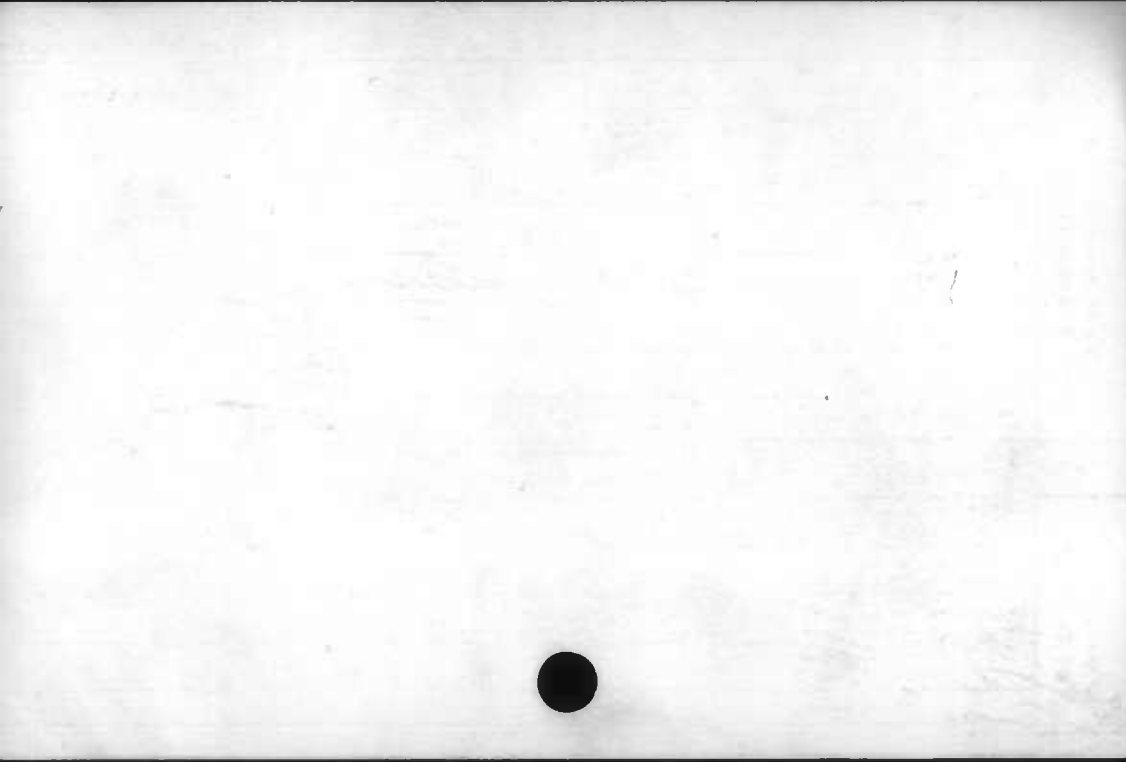
Died at <i>Carsons</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1909	Month	July	Day	24
Age		Years		Months	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Wid</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>[crossed out]</i>			
Father's Name <i>John Smith</i>		Father's Birthplace <i>Wid</i>			
Mother's Maiden Name <i>Carrie Cooper</i>		Mother's Birthplace <i>Wid</i>			
Name of person giving Information <i>(John Smith)</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

Primary	<i>Malaria</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. A. Callahan</i>	
		Address <i>134 Camp RFD. #1</i>	
Accident or Suicide <i>No</i>		<i>Harford Co</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garrettsville	County Harrison	MARYLAND	
Date of death	1909	Month Jan	Day 26	40 AM Age	72
Sex	Male	Color or Race	White	Birth- place	Balto Co Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or Husband	Rebecca Reese	
Father's Name	Benjamin Sutton			Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Ayers			Mother's Birthplace	Md
Name of person giving Information	Thomas Pennington			How related to deceased	Nephew

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	Several weeks
Immediate	Uremia	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. F. Bradley
		Address	Garrettsville Md
Accident or Suicide			



Name
in
Full

Ann Jane Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brick House farm near Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>14</i>	Years <i>65</i>	Months <i>2</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Female</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Thompson</i>				
Father's Name <i>Geo. Culhane</i>	Father's Birthplace <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Hannah Walker</i>	How related to deceased <i>Daughter</i>				
Name of person giving Information <i>Annie Long</i>					

CAUSES OF DEATH

154

Primary <i>Senile Insanity</i>	How long <i>about 2 yrs.</i>
Immediate <i>Coma</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Smith</i>
	Address <i>Aberdeen Md.</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madonna</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Jan</i> ^{Month}	<i>13</i> ^{Day}	<i>40</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Madonna</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Madonna</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Gora Wilson Turner</i>				
Father's Name <i>James Turner</i>	Father's Birthplace <i>Madonna</i>			Mother's Birthplace <i>Phosville</i>	
Mother's Maiden Name <i>Mary Whiteford</i>	Name of person giving information <i>F. J. Turner</i>			How related to deceased <i>Cousin</i>	

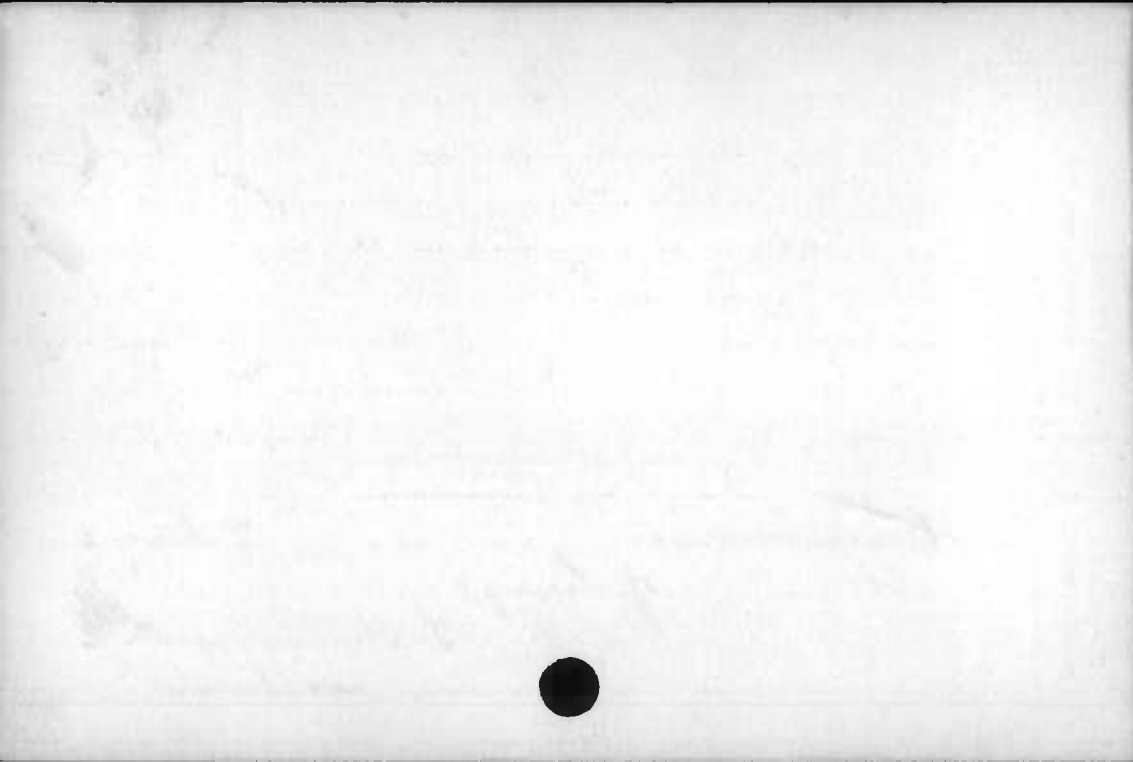
CAUSES OF DEATH

119

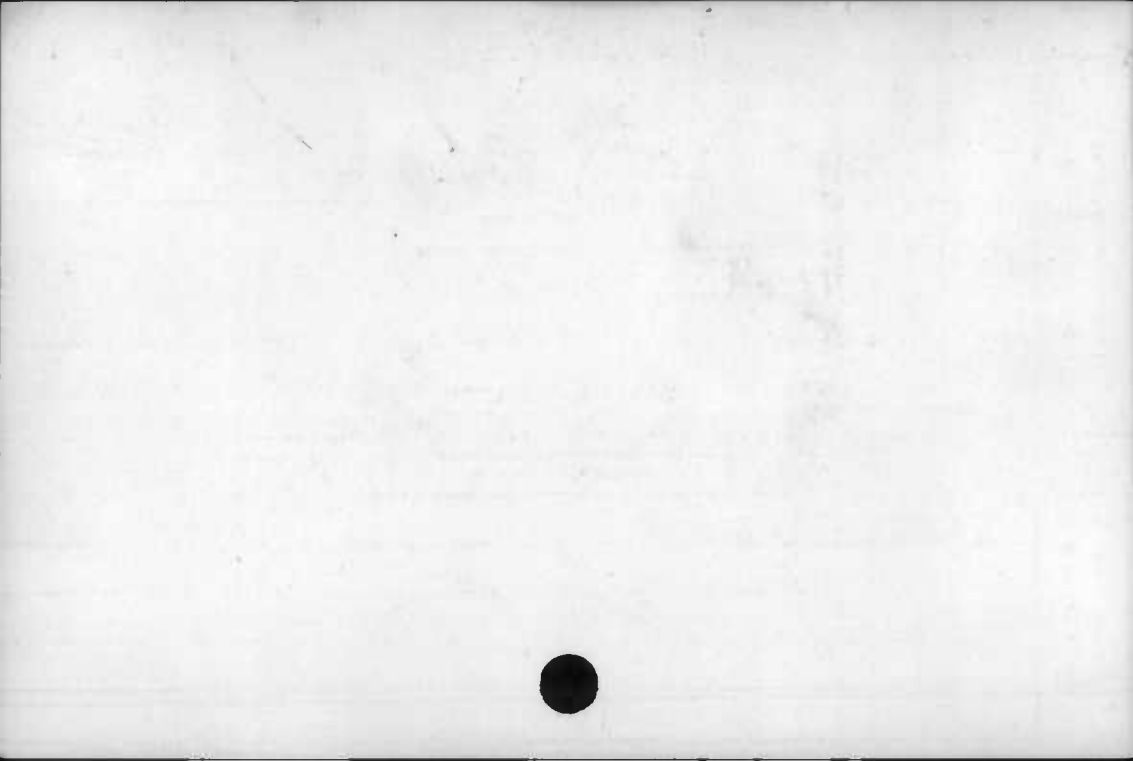
Qx

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>20 years</i>
Immediate <i>Acute Nephritis</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. J. Turner</i>
<i>As far as know</i>	Address <i>White Hall</i>
Assisted by <i>Me</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Galaxy md		Harford		MARYLAND							
		Date of death		1909	Month	July	Day	35	Age	Years	76	Months	—	Days	—
		Sex		Female		Color or Race		White		Birth-place		Md			
		Occupation		None, Invalid 50 yrs		Where Residing if not at place of death									
		Married, Single or Widowed		Single		Name of Wife or Husband									
		Father's Name		Henry Webster				Father's Birthplace		Md					
		Mother's Maiden Name		Martha Harrison				Mother's Birthplace		Md					
Name of person giving information		J. E. Webster				How related to deceased		Nephew							
						CAUSES OF DEATH		(93)							
PHYSICIAN OR CORONER		Primary		Pneumonia				How long		7 days					
		Immediate		Collapse of Lungs				How long							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. H. Roberts							
						Address		Charlestown							
		Accident or Suicide?													



Name in Full		Certificate of Death			
Harry W. Welsh		MARYLAND			
Died at <u>Bel Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>			
Date of death <u>1909 Jan 30</u> <small>Month Day</small>		Age <u>28</u> <small>Years</small>		<u>—</u> <small>Months</small>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>Livery</u>		Where Residing if not at place of death <u>Bel Air, Ind</u>			
Married, <u>Single</u> <small>or Widowed</small>		Name of Wife or Husband <u>Mary M. Appleton</u>			
Father's Name <u>Thomas P. Welsh</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Gussie M. Burcott</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Thomas P. Welsh</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Intermittent Pneumonia</u>		How long <u>5 days</u>			
Immediate <u>Dyspnea</u>		How long <u>12 hours</u>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Emmett Haffington</u>			
		Address <u>Bel Air</u>			
Accident or Suicide?					

Baku Cemetery

Name in Full		Mauda D. Wright				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Bel Air		County		
				Harford		MARYLAND		
		Date of death		1909	Month	Jan	Day	30
		Age		Years	73	Months		Days
		Sex		Female		Color or Race		White
		Occupation		House Wife		Birth-place		Pa
		Where Residing if not at place of death		Bel Air Md				
Married, Single or Widowed		Name of Wife or Husband						
		John C. Wright						
Father's Name		John Mc. James				Father's Birthplace		
						Ireland		
Mother's Maiden Name		Sarah A. Markley				Mother's Birthplace		
						Pa		
Name of person giving information		Mrs E. Bowers				How related to deceased		
						Daughter		
		CAUSES OF DEATH				120		
PHYSICIAN OR CORONER		Primary				How long		
		Intest Nephritis				Years		
		Immediate				How long		
		Meningitis				48 hours		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Address				Bel Air		
		Accident or Suicide?						

Fairfield, Penn.

Name
in
Full

Christian Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>booptown</i>		Town		County		Hargis		MARYLAND	
Date of death 1908		Month		Day		Year		Months	
Jan		13 th		83		4		0	
Sex		Male		Color or Race		White		Birthplace	
Occupation		Farmer		Where Residing if not at place of death		Germany			
Married, Single or Widowed		Widower		Name of Wife or husband		Barbara A Dailor			
Father's Name		Young		Father's Birthplace		Germany			
Mother's Maiden Name		Not Known		Mother's Birthplace		"		"	
Name of person giving Information		John Young		How related to deceased		Son			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>catarrh of lungs & bronchitis</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>F. P. Amshorn</i>	
		Address	
		<i>Forest Hill Md</i>	
Accident or Suicide			

July 1912

